

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000090128

1. Corporation Name  
MACY'S TERMITE & PEST CONTROL COMPANY

Principal Place of Business  
6636 NORTH BISCAYNE DRIVE  
NORTH PORT FL 34286  
US

Mailing Address  
6636 NORTH BISCAYNE DRIVE  
NORTH PORT FL 34286  
US

2. Principal Place of Business  
21 507B E. LAUREL RD.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 1149  
Suite, Apt. #, etc.

22 City & State  
23 NOKOMIS, FL  
Zip 34274-1149 Country USA

27 City & State  
28 NOKOMIS, FL  
Zip 34274-1149 Country USA

29. Name and Address of Current Registered Agent  
KING, CLIFFORD M  
100 WALLACE AVE.  
SUITE 300  
SARASOTA FL 34237

30. Name and Address of Current Registered Agent  
KING, CLIFFORD M  
100 WALLACE AVE.  
SUITE 300  
SARASOTA FL 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD KING, CLIFFORD M 100 WALLACE AVENUE SUITE 380 SARASOTA FL 34237	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1800 SECOND ST. STE. 855 SARASOTA, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACY, JOHN P. 6636 N. BISCAYNE DR. NORTH POINT FL 34286	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DEAN A BURNIGIDE 4259 ARROW AVE SARASOTA FL 34232	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P, V.P., T, D DEAN BURNIGIDE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dean A. Burnside* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

941-412-9610

Daytime Phone #

CR7EN34 (11/98)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/27/1995

4. FEI Number  
65-0628751

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

81 Name KING, CLIFFORD M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1800 SECOND ST. STE. 855  
83  
84 City SARASOTA FL 85 Zip Code 34236

FILED

Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90016 030 \*\*\*150.00